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Fill in this information to identify your case:							
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13						

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Crystal government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Hogan Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of $xxx - xx - \underline{5} \underline{1} \underline{2} \underline{7}$ xxx - xx your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx -9xx - xx -(ITIN) Any business names I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

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Deb	tor 1	Crystal First Name	L. Middle Name	Hogan Last Name		Case nu	mber (if knowr	n)	
		ristranic	About Deb			Abo	out Debtor 2 (Spouse Only in a Joint	Case):
			=	·		EIN			
				· — — -		- E IN			
5.	Where	you live				If D	ebtor 2 lives	at a different address:	
			927 Gran	d Ave., Apt#1					
			Number S	treet		Nun	nber Street		
			<u>Waukega</u>		60085			01-1- 7ID 0 - 1-	
			City Lake	State	ZIP Code	City		State ZIP Code	
			County			Cou	inty		
			the one ab	lling address is di ove, fill it in here. end any notices to dress.	Note that the	froi will	m yours, fill it	ling address is different in here. Note that the co ces to you at this mailing	
			Number S	treet		Nun	nber Street		
			P.O. Box				. Box		
			City	State	ZIP Code	City		State ZIP Code	
6.		ou are choosing	Check one	:		Che	eck one:		
	this dis	strict to file for uptcy	petitio	he last 180 days b n, I have lived in th n any other district.	nis district longer			t 180 days before filing th ve lived in this district lor other district.	
				another reason. I 28 U.S.C. § 1408.)	Explain.		I have anoth (See 28 U.S.	er reason. Explain. .C. § 1408.)	
Pa	art 2:	Tell the Cour	t About Your B	ankruptcy Cas	se				
7.	Bankru	apter of the uptcy Code you		(For a brief descrip cy (Form 2010)). <i>F</i>	•			J.S.C. § 342(b) for Individe appropriate box.	duals Filing
	are cho	oosing to file		· 7					
			☐ Chapter						
			☐ Chapter						
			— Observation						
			☐ Chapter	. •					

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Deb	otor 1 Crystal	L.	Hogan	Case number (if known)	
	First Name	Middle Name	Last Name		
8.	How you will pay the fee	court pay w	for more details about how you ith cash, cashier's check, or m	my petition. Please check with to u may pay. Typically, if you are pa noney order. If your attorney is sub- acredit card or check with a pre-pr	lying the fee yourself, you may omitting your payment on your
				nts. If you choose this option, sign Installments (Official Form 103A)	• •
		By law than fee in	w, a judge may, but is not requing 150% of the official poverty lining installments). If you choose the statements in the statements in the statement in the st	You may request this option only if ired to, waive your fee, and may det hat applies to your family size a his option, you must fill out the Ap (3B) and file it with your petition.	o so only if your income is less and you are unable to pay the
9.	Have you filed for	⋈ No			
	bankruptcy within the last 8 years?	Yes.			
		District		When MM / DD / YYYY	Case number
		District _		When	Case number
		District			Case number
10.	Are any bankruptcy	☑ No			
	cases pending or being filed by a spouse who is	Yes.			
	not filing this case with	Debtor		Relations	hip to you
	you, or by a business partner, or by an	District		When	Case number,
	affiliate?	_		MM / DD / YYYY	
		Debtor		Relations	hip to you
		District		When MM / DD / YYYY	
11.	Do you rent your residence?	☐ No. ☑ Yes.	Go to line 12. Has your landlord obtained a residence?	n eviction judgment against you a	nd do you want to stay in your
			✓ No. Go to line 12.✓ Yes. Fill out Initial State and file it with this bank!	ement About an Eviction Judgmen ruptcy petition.	: Against You (Form 101A)

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Deb	tor 1	Crystal First Name	L. Middle N	lomo	Hogan Last Name	Case number (if known)
P	art 3:	•			sses You Own as a	a Sole Proprietor
	Are you of any to business	u a sole proprietor full- or part-time ss?	<u> </u>	No.	Go to Part 4. Name and location of b	·
	individu separat	is you operate as an ial, and is not a e legal entity such as ration, partnership, or			Number Street	
	sole pro	ave more than one oprietorship, use a e sheet and attach it petition.			Health Care Busi Single Asset Rea Stockbroker (as c	State ZIP Code a box to describe your business: iness (as defined in 11 U.S.C. § 101(27A)) al Estate (as defined in 11 U.S.C. § 101(51B)) defined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6))
Bankrupt are you a debtor?	Chapte Bankru are you	r 11 of the ptcy Code and a small business	can mos	set ap st rece	ppropriate deadlines. If you	the court must know whether you are a small business debtor so that it you indicate that you are a small business debtor, you must attach your nent of operations, cash-flow statement, and federal income tax return ot exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
	efinition of small		No.	I am not filing under C I am filing under Chap the Bankruptcy Code.	chapter 11. ster 11, but I am NOT a small business debtor according to the definition in	
		s debtor, see C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	oter 11 and I am a small business debtor according to the definition in the
P	art 4:	Report If You (Own o	r Hav	e Any Hazardous i	Property or Any Property That Needs Immediate Attention
I4. Do you o property alleged t imminer	own or have any ty that poses or is to pose a threat of ent and identifiable to public health or		No Yes.	What is the hazard?		
safety? any pro immed For exa perisha livestoo		Or do you own operty that needs attention?			If immediate attention	is needed, why is it needed?
		mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	? Number Street
						City State ZIP Code

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Debtor 1 Crystal L. Hogan Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing abou
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	requi	red to	receiv	ve a	briefi	ng a	bout
credit c	ounsel	ling be	cause	e of:			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1	Crystal First Name	L. Middle Name	Hogan Last Name		Case number	r (if knowi	n)
		•						
P	art 6:	Answer These	Questions	for Reporting Pu	irpos	ses		
16.	What ki	ind of debts do you				sumer debts? Consume rimarily for a personal, fam		re defined in 11 U.S.C. § 101(8) usehold purpose."
						iness debts? Business of the operation of through the operation		debts that you incurred to obtain e business or investment.
			16c. Sta	ate the type of debts yo	ou ow	e that are not consumer or	business	s debts.
17.	Are you Chapte	ı filing under r 7?	□ No.	I am not filing under	· Char	oter 7. Go to line 18.		
	any exe	ou estimate that after exempt property is	☑ Yes.	-		•	•	xempt property is excluded and to distribute to unsecured creditors?
	exclude adminis	ed and strative expenses		☑ No				
availab	d that funds will be le for distribution ecured creditors?		Yes					
18.		any creditors do iimate that you	✓ 1-49 □ 50-9 □ 100- □ 200-	9 199		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you re your assets to th?	\$50,0 \$100	50,000 001-\$100,000 0,001-\$500,000 0,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to	\$50, \$100	50,000 001-\$100,000 0,001-\$500,000 0,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
P	art 7:	Sign Below						
For	you		I have exa	•	nd I de	eclare under penalty of pe	rjury that	the information provided is true
			or 13 of ti		•			f eligible, under Chapter 7, 11, 12, der each chapter, and I choose to
						d not pay or agree to pay so d and read the notice requi		who is not an attorney to help me U.S.C. § 342(b).
			I request	relief in accordance wi	ith the	chapter of title 11, United	States C	ode, specified in this petition.
			connectio	-	ase ca	an result in fines up to \$250	-	money or property by fraud in imprisonment for up to 20 years,
				ystal L. Hogan		x		
			Crysta	l L. Hogan, Debtor 1		Sig	nature of	Debtor 2
			Execu	ted on 09/07/2016 MM / DD / YYY	Υ	Exe	ecuted on	MM / DD / YYYY

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Debtor 1	Crystal	L.	Hogan	vn)						
	First Name	Middle Name	Last Name	<u> </u>	,					
epresente	ettorney, if you are ed by one not represented by ey, you do not need page.	eligibility to p relief availab the debtor(s)	proceed under Chapter 7, 1 le under each chapter for v the notice required by 11 t	which the person is eligible. I als U.S.C. § 342(b) and, in a case in	ates Code, and have explained the to certify that I have delivered to					
			eth S. Borcia of Attorney for Debtor	Date	09/07/2016 MM / DD / YYYY					
			s. Borcia							
		Printed name Kenneth S. Borcia & Associates Firm Name								
			1117 S. Milwaukee., Suite A-3 Number Street							
		Number								
		P.O. Box	X 441							
		Libertyv	rille	IL	60048					
		City		State	ZIP Code					
		Contact p	hone (847) 634-8800	Email address						
		3125988	3							
		Bar numb		State	_					

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Filli	in this inf	ormation to iden	ntify your case	and this filing:		
Debto	or 1	Crystal	L.	Hogan		
Dalate	0	First Name	Middle Name	Last Name		
Debto (Spot	use, if filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	nkruptcy Court for the	: NORTHERN [DISTRICT OF ILLINOIS		
	number					if all in the
(if kn	own)				_	if this is an led filing
Offic	ial Form	106A/B				
Sche	edule A/	B: Property				12/15
the ass	set in the ca ogether, bo to this form.	tegory where you tl th are equally respo On the top of any a	hink it fits best. I Insible for supply additional pages	ist an asset only once. If an ass Be as complete and accurate as ring correct information. If more write your name and case numl ng, Land, or Other Real Es	possible. If two married pe space is needed, attach a ber (if known). Answer eve	eople are separate ry question.
1. D	No. Go t	o Part 2.	equitable interes	t in any residence, building, land	d, or similar property?	
	-	ere is the property?				
		•	-	of your entries from Part 1, inclirite that number here		\$0.00
Part	2: Des	scribe Your Vehi	iclas		'	
you ow	n that some	· -	ou lease a vehicle,	n any vehicles, whether they are also report it on Schedule G: Exe motorcycles	_	•
V	7 Yes					
3.1. Make:		Honda	Who has Check or	an interest in the property? ie.	Do not deduct secured clai amount of any secured cla	
Model:		Pilot		or 1 only	Creditors Who Have Claim	, , ,
Year:		1999		or 2 only or 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approx	imate milea	ge:		ast one of the debtors and another		\$1,000.00
	nformation: Honda Pilo	t		ck if this is community property instructions)		
	xamples: Bo		s, ATVs and other	r recreational vehicles, other veh ft, fishing vessels, snowmobiles, n		
		•	-	of your entries from Part 2, incl rite that number here		\$1,000.00
Part	3: Des	scribe Your Pers	onal and Hou	sehold Items		

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Deb	tor 1	Crystal	L.	Hogan	Case number (if known)	
		First Name	Middle Name	Last Name		
6.	Househ	old goods an	d furnishings			
	Example	es: Major appl	iances, furniture, line	ns, china, kitchenware		
	☐ No					
	✓ Yes	. Describe	Bedroom furnitu	re, kitchen & living room	furniture, audio, video & computer	\$400.00
			equipment, misc	. household goods, dinin	g room set.	
7.	Electro	nics				
	Example	es: Television	s and radios; audio,	video, stereo, and digital equip	oment; computers, printers, scanners;	
		music coll	ections; electronic de	vices including cell phones, c	ameras, media players, games	
	√ No					
	Yes	. Describe				
^	— C-!!4					
8.		bles of value	and figurines: painting	se printe or other artwork: how	oks, pictures, or other art objects;	
	Lxampie			ollections; other collections, m	•	
	- No	,,	.,	,		
	□ No	Dosoribo	Paaka niaturaa	9 collections		\$35.00
	✓ Yes	. Describe	Books, pictures	& collections		<u> </u>
9.	Equipm	ent for sports	and hobbies			
	Example		• .	• • •	bicycles, pool tables, golf clubs, skis;	
		canoes an	d kayaks; carpentry	ools; musical instruments		
	☐ No					
	✓ Yes	. Describe	sports & hobby	equipment		\$0.00
10	Firearm	ıe.				
10.			es. shotguns. ammu	nition, and related equipment		
	₩ No		,			
	ب	. Describe				
	□ .00					
11.	Clothes					
	Example	es: Everyday	clothes, furs, leather	coats, designer wear, shoes,	accessories	
	☐ No					*
	▼ Yes	. Describe	clothing			\$20.00
12.	Jewelry	,				
	-		ewelry, costume jew	elry, engagement rings, weddi	ng rings, heirloom jewelry, watches, gems,	
		gold, silve	r			
	□ No					
	₩ Yes	. Describe	Furs & jewelry			\$15.00
	_					
13.		m animals	birda barasa			
	•	es. Dogs, cais	, birds, horses			
	☑ No	December				
	Yes	. Describe				
14.	Any oth	er personal a	nd household items	s you did not already list, inc	cluding any health aids you	
	did not	list				
	√ No					
	Yes	. Give specifi	C			
	info	rmation				
15	Add the	dollar value	of all of your entries	from Part 3, including any	entries for pages you have	
			•	re	. • •	\$470.00
					1	
Pa	art 4:	Describe	Your Financial	Assets		

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Debt	or 1 C	rystal	L.	Hogan	Case number (if known)	
	Fi	rst Name	Middle Name	Last Name		
16.	Cash					
	Examples	: Money you hav petition	e in your wallet, in	your home, in a safe de	eposit box, and on hand when you file your	
	☐ No					
	Yes				Cash:	\$75.00
17.	Deposits	of money				
	Examples	•	ses, and other simil	•	es of deposit; shares in credit unions, ave multiple accounts with the same	
	□ No					
	Yes		Instituti	on name:		
	17.1.	Other financia	al account: Other	financial account -	PLS Prepaid Debit Card	\$100.00
18.	Bonds, m	utual funds, or p	oublicly traded sto	ocks		
			-		noney market accounts	
	✓ No ☐ Yes		Institution or issu	er name:		
	-		and interests in the transfer	•	ncorporated businesses, including	
	√ No					
		Give specific nation about				
	them.		Name of entity:		% of ownership:	
20.	Negotiable	e <i>instrument</i> s inc	lude personal chec	ks, cashiers' checks, p	negotiable instruments romissory notes, and money orders. he by signing or delivering them.	
	☑ No ☐ Yes.	Give specific				
		nation about	Issuer name:			
•		_				
21.		nt or pension ac : Interests in IRA profit-sharing p	, ERISA, Keogh, 4	01(k), 403(b), thrift sav	ings accounts, or other pension or	
	☑ No					
	_	List each	T 4	la stitution or service		
		int separately.		Institution name:		
	Your share Examples		eposits you have m		ontinue service or use from a company electric, gas, water), telecommunications	
	☑ No					
				Institution name or inc	dividual:	
23.	Annuities	(A contract for a	a specific periodic	payment of money to ye	ou, either for life or for a number of years)	
	✓ No		Issuer name and	description:		
24					program, or under a qualified state tuition program.	
	26 U.S.C.		9A(b), and 529(b)(1		program, or under a quaimed state tutton program.	
	✓ No ☐ Yes		Institution name a	and description. Separ	ately file the records of any interests. 11 U.S.C. § 521(c)	
25.		quitable or future xercisable for ye		erty (other than anyth	ning listed in line 1), and rights or	
	☑ No					
		Give specific nation about them	1			

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Deb	tor 1	Crystal	L.	Hogan	Case number (if known)			
		First Name	Middle Name	Last Name				
26.				secrets, and other intellect tes, proceeds from royalties				
	⋈ No							
	Yes	s. Give specific ormation about the	nem					_
27.			and other genera	<u> </u>	on holdings, liquor licenses, profession	nal licen:	ses	
	₩ No	31	,		3., 1,			
	Yes	s. Give specific ormation about the	nem					_
Mor	ov or n	operty owed to	vou2				Current value of the	
WIOI	ley or pr	operty owed to	you:				portion you own? Do not deduct secured claims or exemptions.	į
28.	Tax ref	unds owed to y	ou					
	✓ No	s. Give specific	information			Federal	s 0.0 0	1
	_	out them, including						_
	-	already filed the				State:	\$0.00	
	and	the tax years				Local:	\$0.00	<u>)</u>
29.	•	support les: Past due or	lump sum alimony	/, spousal support, child supp	oort, maintenance, divorce settlement,	property	y settlement	
	✓ No	s. Give specific	information		Alimony:		\$0.00)
	□	G. 10 0 p 0 0 0			Maintenand	·e·	\$0.00	_
					Support:		\$0.00	_
						tlomont:		_
					Divorce set			_
					Property se	ttiement	t: \$0.0 0	<u>'</u> _
30.			es, disability insur	ance payments, disability ber	nefits, sick pay, vacation pay, workers' nade to someone else			
	✓ No ☐ Yes	s. Give specific	information					_
31.		ts in insurance les: Health, disa	•	ince; health savings account	(HSA); credit, homeowner's, or renter's	s insura	nce	
	₩ No			-				
	_	s. Name the insu						
		npany of each po I list its value	•	ny name.	Beneficiary:	Su	ırrender or refund value	
32.	Any int	erest in propert re the beneficiar	y that is due you	from someone who has die expect proceeds from a life in	•			
	✓ No ☐ Yes	s. Give specific	information					_
33.				r not you have filed a lawsues, insurance claims, or right	it or made a demand for payment is to sue			
	✓ No ☐ Yes	s. Describe each	n claim					
34.		ontingent and i	•	ns of every nature, includin	g counterclaims of the debtor and			
	✓ No ☐ Yes	s. Describe each	n claim					

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Deb	tor 1	Crystal First Name	L. Middle Name	Hogan Last Name	Case number (if known)	
35.	Any fir	nancial assets yo				
	√ No					
	☐ Ye	s. Give specific i	nformation			
36.			-	es from Part 4, including any er here		\$175.00
Pa	art 5:	Describe Any	/ Business-R	elated Property You Own	or Have an Interest In. List any	real estate in Part 1.
37.	Do you	ı own or have an	y legal or equita	able interest in any business-rel	ated property?	
	<u>-</u>	. Go to Part 6. s. Go to line 38.				
		s. Go to line 36.				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accou	nts receivable o	commissions y	ou already earned		, , , , , , , , , , , , , , , , , , , ,
	✓ No	s. Describe				
39.			• .	software, modems, printers, copie	ers, fax machines, rugs, telephones,	
	✓ No	s. Describe				
40.	Machi	nery, fixtures, eq	uipment, suppli	es you use in business, and too	ols of your trade	
	✓ No	s. Describe				
41.	Invent	ory				
	✓ No	s. Describe				
42.	Interes	sts in partnership	os or joint ventu	res		
	✓ No	s. Describe N	Name of entity:		% of ownership:	
43.	Custor	mer lists, mailing	lists, or other o	ompilations		
	✓ No ☐ Ye			Illy identifiable information (as	defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	usiness-related p	roperty you did	not already list		
	☑ No	s. Give specific i	nformation.			
45.			-	es from Part 5, including any er here		\$0.00
Pa	art 6:			Commercial Fishing-Relate st in farmland, list it in Part 1	ed Property You Own or Have a	n Interest In.
46.	Do you	ı own or have an	y legal or equita	able interest in any farm- or con	nmercial fishing-related property?	
		. Go to Part 7. s. Go to line 47.				

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Deb	otor 1	Crystal	L.	Hogan	Case number (if known)	
		First Name	Middle Name	Last Name		Current value of the
						portion you own? Do not deduct secured claims or exemptions.
47.		animals ples: Livestock, po	oultry, farm-raised fish	1		
	✓ No	o es				
48.	Crops	seither growing	or harvested			
		o es. Give specific formation				
49.	Farm	and fishing equip	oment, implements, n	nachinery, fixtures, and t	ools of trade	
	✓ No	o es				
50.	Farm a	and fishing supp	lies, chemicals, and	feed		
	✓ No	o es				
51.	Any fa	arm- and commer	rcial fishing-related p	property you did not alrea	ady list	
	_	o es. Give specific formation				
52.				om Part 6, including any	entries for pages you have	\$0.00
P	art 7:	Describe All	Property You Ow	n or Have an Intere	st in That You Did Not List Abo	ove
53.	•		perty of any kind you ets, country club meml	ı did not already list? bership		
	✓ No	o es. Give specific i	nformation.			
54.	Add th	he dollar value of	all of your entries fr	om Part 7. Write that nur	mber here	\$0.00

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Debt	tor 1	Crystal First Name	L. Middle Name	Hogan Last Name	Case no	umber (if known) _			
Pa	art 8:	List the Totals	of Each Part of	this Form					
55.	Part 1:	Total real estate, li	ine 2				→		\$0.00
56.	Part 2:	Total vehicles, line	e 5		\$1,000.00				
57.	Part 3:	Total personal and	d household items,	line 15	\$470.00				
58.	Part 4:	Total financial ass	ets, line 36		\$175.00				
59.	Part 5:	Total business-rel	ated property, line	45	\$0.00				
60.	Part 6:	Total farm- and fis	hing-related proper	ty, line 52	\$0.00				
61.	Part 7:	Total other proper	ty not listed, line 54	ı	+\$0.00				
62.	Total p	ersonal property.	Add lines 56 throug	gh 61	\$1,645.00	Copy personal property total	→	+	\$1,645.00
63.	Total o	of all property on So	chedule A/B. Add	l line 55 + line 62.					\$1,645.00

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Debtor 1	Crystal	L.	Hogan			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Last Name			
Jnited States Ba	ankruptcy Court for the	: NORTHER	N DISTRICT OF	ILLIN	OIS	☐ Check if this is an
Case number (if known)						amended filing
official Form	n 106C					
chedule C	: The Property	/ You Cla	im as Exem	pt		04/1
sing the property ace is needed, f	you listed on Schedu	le A/B: Proper s page as ma	ty (Official Form 10	6A/B)	as your source, list th	responsible for supplying correct information be property that you claim as exempt. If more essary. On the top of any additional pages,
to state a speci tempted up to the ceive certain be temption of 100	ific dollar amount as he amount of any app enefits, and tax-exem	exempt. Alte dicable statu pt retirement e under a law	ernatively, you may tory limit. Some e fundsmay be un that limits the exe	/ clair xemp limite empti	n the full fair market tionssuch as those d in dollar amount. on to a particular dol	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the ole statutory amount.
Part 1: Ide	entify the Propert	y You Claiı	m as Exempt			
Which set of	exemptions are you	claiming?	Check one only,	even	if your spouse is filing	ı with you.
	claiming state and fed claiming federal exem			11 U.	S.C. § 522(b)(3)	
For any prop	perty you list on Sche	edule A/B that	t you claim as exe	mpt, f	ill in the information	below.
rief description	perty you list on <i>Sche</i> of the property and li tlists this property	ine on (t you claim as exe Current value of he portion you own	Am	ill in the information ount of the mption you claim	below. Specific laws that allow exemption
rief description	of the property and li	ine on C	Current value of he portion you own	Ame exe	ount of the	
rief description chedule A/B that ief description: edroom furnituriture, audio quipment, mis oom set.	of the property and li th lists this property ure, kitchen & living to, video & computer to. household good	g room	Current value of he portion you own Copy the value from	Ame exe	ount of the mption you claim	
rief description chedule A/B that ief description: edroom furniture, audio quipment, missom set.	of the property and li th lists this property ure, kitchen & living to, video & computer to. household good	g room	Current value of he portion you own Copy the value from Schedule A/B \$400.00	Ame exe	sount of the mption you claim ack only one box for the exemption \$400.00 100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption 735 ILCS 5/12-1001(b)
rief description chedule A/B that ief description: edroom furniture, audio quipment, missom set. The from Schedulief description:	of the property and li th lists this property ure, kitchen & living to, video & computer to. household good	g room	Current value of he portion you own Copy the value from Schedule A/B	Ame exe	sount of the mption you claim eck only one box for h exemption \$400.00 100% of fair market value, up to any applicable statutory	Specific laws that allow exemption

□ No □ Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Crystal Hogan Debtor 1 Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$0.00 735 ILCS 5/12-1001(b) \$0.00 $\overline{\mathbf{Q}}$ sports & hobby equipment 100% of fair market value, up to any Line from Schedule A/B: 9 applicable statutory limit Brief description: \$20.00 \$20.00 735 ILCS 5/12-1001(a), (e) $\overline{\mathbf{Q}}$ clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$15.00 \$15.00 735 ILCS 5/12-1001(b) $\sqrt{}$ Furs & jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$75.00 \$75.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Cash 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$100.00 \$100.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{V}}$ Other financial account - PLS Prepaid 100% of fair market **Debit Card** value, up to any applicable statutory Line from Schedule A/B: 17.1 limit

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Fill in this info	ormation to ident	ify your case	: :			
Debtor 1	Crystal	L.	Hogan			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
		MODELLEDM				
United States Bar	hkruptcy Court for the:	NORTHERN I	DISTRICT OF ILLINOIS	<u> </u>		
Case number (if known)					☐ Check if this is	s an
(II KIIOWII)					amended filing	J
Official Form	106D					
Schedule D:	Creditors Wh	o Have Cla	aims Secured by	Property		12/15
				•		
			ed people are filing toge			
			e Additional Page, fill it on Ind case number (if know		es, and attach it to thi	s torm.
		,	(
1. Do any credit	ors have claims secu	ared by your pro	pperty?			
☐ No. Ched	ck this box and submit	t this form to the	court with your other sche	edules. You have noth	ning else to report on th	is form.
Yes. Fill	in all of the informatio	n below.				
Part 1: List	t All Secured Cla	ime				
LIST	All occured old					
2. List all secure	ed claims. If a credito	or has more than	one secured			
	creditor separately for			Column A	Column B	Column C
	particular claim, list th			Amount of claim	Value of collateral	Unsecured
creditor's name	ible, list the claims in a e.	aipriabelicai oide	according to the	Do not deduct the value of collateral	that supports this claim	portion If any
2.4		Describe the	e property that			,
2.1		secures the	• • •	\$7,300.00	\$1,000.00	\$6,300.00
Auto Warehouse Creditor's name)	— 1999 Hond	la Pilot			
3375 Grand Ave	nue					
Number Street						
		As of the da	te you file, the claim is:	Check all that apply.		
		Continge	ent			
Waukegan City	IL 60085 State ZIP Code	Unliquid				
Who owes the deb		Disputed				
Debtor 1 only	M: Officer offic.		en. Check all that apply.		l cor loon)	
Debtor 2 only			ement you made (such as y lien (such as tax lien, me		carioan)	
Debtor 1 and D	ebtor 2 only		nt lien from a lawsuit	echanic's nem		
At least one of	the debtors and anoth	or —	ncluding a right to offset)			
Check if this c			gg			
Date debt was inc	urred	Last 4 digits	s of account number			
Surrender		-	•			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$7,300.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$7,300.00

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Fill in this inf	ormation to i	identify your case	:		
Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name		
Debtor 2	i iist ivaille	wilding Name	Lastivanie		
(Spouse, if filing)	First Name	Middle Name	Last Name	—	
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number					☐ Check if t
(if known)					amended

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
 - No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority	Nonpriority
	amount	amount

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Debtor 1	Crystal	L. Middle Name	Hogan	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	List All o	of Your NONPRIORI	TY Unsecured Clai	ms	
3. Do ar	ny creditors ha	ve nonpriority unsecure	d claims against you?		
ш.	No. You have n Yes	othing to report in this par	rt. Submit this form to th	ne court with your other schedules.	
If a cr	reditor has more of claim it is. Do	than one nonpriority unso not list claims already in	ecured claim, list the cre	der of the creditor who holds each claim. Iditor separately for each claim. For each claim liste than one creditor holds a particular claim, list the out the Continuation Page of Part 2.	•
					Total claim
4.1					\$196.00
	Recovery Se Creditor's Name	rvices, Inc.	Last 4 digits of acc		
7330 W.	33rd St. N. Su	ite#118	When was the debt		
Number	Street		Contingent	file, the claim is: Check all that apply.	
			Unliquidated		
Wichita		KS 67205	Disputed		
City		State ZIP Code	Type of NONPRIOR	ITY unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans		
Debto	r 2 only			ng out of a separation agreement or divorce report as priority claims	
Debto	r 1 and Debtor 2		•	n or profit-sharing plans, and other similar debts	
		otors and another	Other. Specify		
_		for a community debt			
No No	m subject to of	rset?			
Yes					
Collectin	g for Speedy	Cash			
4.2					\$50.00
Americol	llect		Last 4 digits of acc	ount number	
Nonpriority O	Creditor's Name		When was the debt	incurred?	
Number	Street		As of the date you	file, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Manitowo City	ОС	WI 54221-1566 State ZIP Code			
•	rred the debt?	Check one.	• •	RITY unsecured claim:	
_	r 1 only		Student loans Obligations arisi	ng out of a separation agreement or divorce	
=	r 2 only r 1 and Dobtor 3	l only	□ ~	report as priority claims	
	r 1 and Debtor 2 st one of the del	only otors and another	=	n or profit-sharing plans, and other similar debts	
ш		for a community debt			
_	m subject to of				
☑ No	-				
□ Yes					

Collecting for UHS Physicians Clinic

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Debtor 1	Crystal	L.	Hogan	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Contii	nuation Page	
After listin previous p		n this page, number the	em sequentially from the		Total claim
4.3					\$712.00
Citizens I			Last 4 digits of accor	ınt number	
Nonpriority C Citizens	Creditor's Name		When was the debt in	ncurred?	
Number	Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Riverside	•	RI 02915-3019	_ Disputed		
City Mho inqur	red the debt?	State ZIP Code Check one.	Type of NONPRIORIT	TY unsecured claim:	
	1 only	Check one.	Student loans		
	2 only			g out of a separation agreement or divorce	
	1 and Debtor 2	•	•	or profit-sharing plans, and other similar debts	
At leas	st one of the deb	tors and another	Other. Specify	31,	
☐ Check	if this claim is	for a community debt	_		
	m subject to off	set?			
✓ No Yes					
4.4					\$453.00
Common	wealth Financ	ial Systems	Last 4 digits of accor	unt number	
Nonpriority C	reditor's Name		When was the debt in	ncurred?	
245 Main Number	St. Street		As of the date you fil	e, the claim is: Check all that apply.	
1411.50.	UU			-,	
			Unliquidated		
Dickson (City	PA 18519	Disputed		
City	Oity	State ZIP Code	Type of NONPRIORIT	ΓY unsecured claim:	
	red the debt?	Check one.	☐ Student loans		
	r 1 only r 2 only			g out of a separation agreement or divorce	
	1 and Debtor 2	only	•	port as priority claims	
		tors and another	☐ Debts to pension ☐ Other. Specify	or profit-sharing plans, and other similar debts	
_ ☐ Check	if this claim is	for a community debt	▼ Ouler, Specify		
— s the clair	m subject to off	set?			
√ No	•				
Yes					

Collecting for Infinity Healthcare

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Debtor 1	Crystal	L.	Hogan	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	IPRIORITY Unsecu	rod Claims Conti	nuation Page	
rait 2.	Tour Nor	TRIORITI Olisecu	red Claims Conti	iluation Fage	
_	-	n this page, number the	m sequentially from the	•	Total claim
previous pa	ige.				
4.5					\$1,529.00
Credit Mar			_ Last 4 digits of acco	ount number	
Nonpriority Cre 4200 Interi	editors Name national Park	way	When was the debt i	incurred?	
Number	Street	•		le, the claim is: Check all that apply.	
			Disputed		
Carrollton City		TX 75007 State ZIP Code			
-	ed the debt?	Check one.	••	TY unsecured claim:	
☐ Debtor 1	l only		Student loans Obligations arisin	g out of a separation agreement or divorce	
Debtor 2	•	h.		eport as priority claims	
	I and Debtor 2 one of the debt	only ors and another		or profit-sharing plans, and other similar debts	
ш		for a community debt	✓ Other. Specify		
_	subject to offs	•			
☑ No					
Yes					
Collecting	for Psychiati	rist Psychiatric Psycl	hotherpary & City of	Kenosha	
4.6					Unknown
Kohn Law	Firm, SC		Last 4 digits of acco	ount number 1 9 8 1	
Nonpriority Cre	editor's Name ter St., Ste#1:	300	When was the debt i	incurred?	
	Street	300	As of the date you fi	le, the claim is: Check all that apply.	
			_ Contingent		
			UnliquidatedDisputed		
Milwaukee)	WI 53202-4106			
City Who incurre	ed the debt?	State ZIP Code Check one.		TY unsecured claim:	
☐ Debtor 1		Chook one.	Student loans	ng out of a separation agreement or divorce	
Debtor 2	•			eport as priority claims	
	I and Debtor 2 one of the debt	•	•	or profit-sharing plans, and other similar debts	
		for a community debt	Other. Specify		
_		for a community debt			
No No	subject to offs	oet :			
Yes					
Collecting	for Cottonwo	ood Financial a/k/a Th	ne Cash Store		

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Debtor 1	Crystal	L.	Hogan Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	IPRIORITY Unsec	ured Claims Continuation Page	
After listin previous p		n this page, number th	nem sequentially from the	Total claim
4.7				\$4,080.00
_ake Cou	ınty Housing		Last 4 digits of account number	
Nonpriority C	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
Grayslak City	е	IL 60030 State ZIP Code	_ -	
•	red the debt?	Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
_	1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
_	r 2 only r 1 and Debtor 2	only	that you did not report as priority claims	
	st one of the debt	•	Debts to pension or profit-sharing plans, and other similar debts	
□ □ Check	if this claim is	for a community debt	Other. Specify	
ㅡ s the clair	m subject to off:	set?		
√ No				
Yes				
4.8				\$910.00
 Oliver Ad	ljustment Com	panv	Last 4 digits of account number	4010.00
Nonpriority C	reditor's Name	, ,	When was the debt incurred?	
3416 R00 Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Kenosha		WI 53142	Disputed	
City Mbo inquir	ared the debt?	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
_	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
_	1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
	st one of the debt		☑ Other. Specify	
_		for a community debt		
s the ciair √ No	m subject to off	set?		
Yes				
_ Collecting	g for United H	ospital Systems		
4.9				\$1,500.00
 Γ-Mobile			Last 4 digits of account number	\$1,500.00
Nonpriority C	reditor's Name		When was the debt incurred?	
P.O. Box Number	629025 Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
EL Dorad	lo HIs	CA 95762-9025		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	CHOOK OHO.	Student loans Obligations arising out of a separation agreement or divorce	
Debtor	2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the debt		☑ Other. Specify	
	m subject to off	for a community debt		
S trie Ciaii √ No	aubject to offs	JUL 1		
Yes				

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Crystal Hogan Case number (if known) Debtor 1 First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.10 \$3,601.00 Verizon Wireless Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 26055 Number As of the date you file, the claim is: Check all that apply. Street Contingent Unliquidated Disputed Minneapolis MN 55426 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.11 \$2.992.00 WE Energies Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 2046 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Milwaukee WI 53201-2046 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes 4.12 \$14,547.00 Last 4 digits of account number Windham Professionals, Inc. Nonpriority Creditor's Name When was the debt incurred? P.O. Box 400 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated □ Disputed 14052 **East Aurora** NY City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes Collecting for U.S. Department of Education

Non-Dischargeable Debt

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Debtor 1	Crystal		L.	Hogan Case number (if known)	
	First Name		Middle Name	Last Name	
Part 2:	Your NO	NPRIC	RITY Unsecu	red Claims Continuation Page	
After listin	•	on this p	page, number the	em sequentially from the	Total claim
4.13					\$66.00
	nance Corp			Last 4 digits of account number	
Nonpriority C P.O. Box	Creditor's Name			When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				Contingent Unliquidated Disputed	
Greenvill	le	SC	29606	☐ Disputed	
Debtor Debtor Debtor At leas Check	rred the debt? r 1 only r 2 only r 1 and Debtor 2 st one of the deb t if this claim is m subject to off	tors and		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	

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Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name	Ca	ase number (if known)
	First Name	Middle Name	Lastivanie		
Part 3:	List Others to	Be Notified Abou	t a Debt That You A	Already	Listed
For ex credit debts	xample, if a collection for in Parts 1 or 2, the that you listed in Pa	n agency is trying to one is the contract of the collection a	collect from you for a de gency here. Similarly, i itional creditors here. If	ebt you ow if you have	debt that you already listed in Parts 1 or 2. ve to someone else, list the original e more than one creditor for any of the ot have additional parties to be notified for
	Collection Services	•	On which entry in Pa	rt 1 or Pa	rt 2 did you list the original creditor?
Name 600 Beac Number	on Pkwy, Ste#300 Street		Lineof (Chec		□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Birmingh City	am AL Sta		− Last 4 digits of accoเ −	unt numbe	er
Certified	Services		On which entry in Pa	rt 1 or Pa	rt 2 did you list the original creditor?
Name 1733 Was Number	Shington Street, Su Street	ite 201	Line 4.7 of (Chec		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Waukega City	n IL Sta	60085 te ZIP Code	− Last 4 digits of accou −	unt numbe	er
ERC			On which entry in Pa	rt 1 or Pa	rt 2 did you list the original creditor?
Name P.O. Box Number	1259, Dept. 98696 Street		Line 4.9 of (Chec		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Oaks City	P.A. Sta		– Last 4 digits of accοι –	unt numbe	er
Jefferson	n Capital Systems		On which entry in Pa	rt 1 or Pa	rt 2 did you list the original creditor?
Name 16 McLel Number	and Rd. Street		Line <u>4.10</u> of <i>(Ched</i>		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Saint Clo	ud MI		− Last 4 digits of accoเ −	unt numbe	er
OMGA RI	MS		On which entry in Pa	rt 1 or Pa	rt 2 did you list the original creditor?
Name Number	Street		_	ck one):	Part 1: Creditors with Priority Unsecured Claims
				unt numbe	Part 2: Creditors with Nonpriority Unsecured Claims

State

ZIP Code

City

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Debtor 1	Crystal	L.	Hogan	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	01		O.	Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$14,547.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	\$16,089.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$30,636.00

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Fill in this inf	ormation to i	dentify your case	:			
Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name	_		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
		r the: NORTHERN D	ISTRICT OF ILLINOIS			
Case number (if known)				Check if this is an amended filing		
Official Form	106G					
Schedule G	: Executory	Contracts an	d Unexpired Leas	ses	12/1	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).						
1. Do you have	any executory c	ontracts or unexpired	d leases?			
<u> </u>			•	es. You have nothing else to report on this form. sted on Schedule A/B: Property (Official Form 106A/B).	

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of

Person or company with whom you have the contract or lease

executory contracts and unexpired leases.

State what the contract or lease is for

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				_	
Fill in this in	formation to ic	dentify your case	:		
Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name	.]	
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Last Name		
		the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				☐ Check if this is an amended filing	
Official Form	106H				
Schedule H	: Your Code	ebtors			12
page. On the top		l Pages, write your n		the left. Attach the Additional Page to this own). Answer every question. use as a codebtor.)	
include Arizo	na, California, Idah to line 3. d your spouse, forr	no, Louisiana, Nevada		y? (Community property states and territories xas, Washington, and Wisconsin.) me?	
3. In Column 1, person show creditor on 3	, list all of your co vn in line 2 again Schedule D (Offic	as a codebtor only if	that person is a guarantor or dule E/F (Official Form 106E/	tor if your spouse is filing with you. List the r cosigner. Make sure you have listed the /F), or <i>Schedule G</i> (Official Form 106G). Use	

Column 1: Your codebtor Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this infor	mation to ider	tify your case:					
Debtor 1	Crystal	L.	Hogan				
	First Name	Middle Name	Last Name			Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
(/)			DISTRICT OF IL	1814	nis		A supplement showing postpetition
United States Bank Case number	Krupicy Court for the	ie: NORTHERN	DISTRICT OF IL	LIN	<u> </u>		chapter 13 income as of the following date
(if known)	·			_			MM / DD / YYYY
Official Form 1	061						
Schedule I: Yo	our Income						12/1
include information a about your spouse. your name and case	about your spous If more space is	e. If you are separ needed, attach a se n). Answer every o	rated and your spo eparate sheet to th	ouse	is not filing	with y	spouse is living with you, rou, do not include information any additional pages, write
Fill in your empling information.	loyment		Dobtor 4				Debter 2 or non filing angue
If you have more			Debtor 1				Debtor 2 or non-filing spouse
job, attach a sepa	a.a.o pago	ployment status	✓ Employed Not employed	ed			☐ Employed☐ Not employed
additional employ	vers.	cupation		.			
Include part-time		cupation					_
or self-employed		ployer's name	Amazon.com l	DED	C LLC		
Occupation may student or homer applies.		ployer's address	P.O. Box 8072 Number Street	6			Number Street
							_
			Seattle		WA 981		
			City		State Zip C	ode	City State Zip Code
	Но	w long employed t	here?				
Part 2: Give	Details About	Monthly Incom	ıe.				
				ing t	n report for a	ov line	e, write \$0 in the space. Include your
non-filing spouse unle			II. II you have nou	iiig t	o report for al	iy iii ie	, write 40 in the space. Include your
If you or your non-filin you need more space			er, combine the info	orma	tion for all em	ploye	rs for that person on the lines below. If
					For Debtor	1	For Debtor 2 or non-filing spouse
		r, and commission nthly, calculate what		2.	\$3,06	5.16	. <u> </u>
3. Estimate and lis	st monthly overtin	ne pay.		3.	+\$	0.00	
4. Calculate gross	income. Add line	2 + line 3		Δ	\$3.06	5 16	

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Debt	or 1	Crystal	L.	Hogan		Case nur	mber (if know	n)	
		First Name	Middle Name	Last Name	Fo	or Debtor 1	For Debto		_
	Сор	y line 4 here			4.	\$3,065.16			
		all payroll dec		-	•		-		
			e, and Social Security deduc	tions	5a.	\$435.24			
			ontributions for retirement pl		5b.	\$0.00			
		-	ntributions for retirement pla		5c.	\$0.00			
		-	ayments of retirement fund le		5d.	\$0.00			
		Insurance	•		5e.	\$277.38			
	5f.	Domestic sup	port obligations		5f.	\$0.00	-		
	5g.	Union dues			5g.	\$0.00			
	_	Other deducti	ions.						
		Specify:			_ 5h. + _	\$0.00			
	Add 5g +	l the payroll de - 5h.	eductions. Add lines 5a + 5l	o + 5c + 5d + 5e + 5f +	6.	\$712.62			
7.	Cald	culate total mo	nthly take-home pay. Sub	otract line 6 from line 4.	7.	\$2,352.54			
8.	List	all other incor	me regularly received:						
	8a.	Net income fr	om rental property and from	operating a	8a.	\$0.00			
		business, pro	fession, or farm						
		gross receipts	ment for each property and bu , ordinary and necessary busir nly net income.	•					
	8b.	Interest and o	lividends		8b.	\$0.00			
	8c.		ort payments that you, a non- gularly receive	filing spouse, or a	8c.	\$0.00			
			ny, spousal support, child supp ment, and property settlement.	ort, maintenance,					
	8d.	Unemployme	nt compensation		8d.	\$0.00			
	8e.	Social Securi	ty		8e.	\$0.00			
	8f.	Other govern	ment assistance that you req	jularly receive		_			
		cash assistan	assistance and the value (if knoose that you receive, such as foor the Supplemental Nutrition Applicas	od stamps					
		Specify:			8f.	\$0.00			
	8a	. ,	tirement income		- 8g.	\$0.00			
	•	Other monthly			٠9	Ψ0.00			
	•	Specify:	,c.		8h. 🛨	\$0.00			
9.	Add	all other inco	me. Add lines 8a + 8b + 8c +	8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
			income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor	2 or non-filing spouse.	10.	\$2,352.54	+]=	\$2,352.54
			ular contributions to the exp	• .	chedule	J.			
	Inclu		ns from an unmarried partner, i				ur roommates	, and othe	er
	Do r	not include any	amounts already included in li	nes 2-10 or amounts tha	at are not	available to pay	expenses list	ed in Sch	edule J.
	Spe	cify:						_ 11. +	+\$0.00
	inco		the last column of line 10 to amount on the Summary of Yo					12.	\$2,352.54 Combined monthly income
13.	Do۱	you expect an	increase or decrease within	the year after you file t	his form	?			-
	Ø.	No.	None.	- ·					
		Yes. Explain:							

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F	ill in this inforn	nation to ide	ntify your c	ase:			Cho	eck if this	io		
	Debtor 1	Crystal	L.		Hoga	ın			ended filing		
	D.I.	First Name	Middle I	Name	Last Na	ame	=		lement showing r 13 expenses a		n
	Debtor 2 (Spouse, if filing)	First Name	Middle I	Name	Last Na	ame			ng date:		
	United States Bank	ruptcy Court for	the: NORTH	IERN DIST	RICT O	F ILLINOIS		MM / D	D / YYYY	_	
	Case number (if known)							, _	_,,,,,		
Of	fficial Form 10)6J					_				
S	chedule J: Yo	our Expens	ses								12/15
nai	rrect information. I	f more space is er (if known). A	s needed, atta Answer every	ch another s		ling together, both a this form. On the top	-				
_		ibe Your Hou	isenoia								
1.	Is this a joint cas	e?									
•	No □ Ye	Debtor 2 live in a	st file Official F		Expense	s for Separate House	hold o	f Debtor	2.		
2.	Do you have dep		☐ No ☑ Yes. Fill o	out this inforn	nation	Dependent's relati	ionshi	p to	Dependent's		pendent
	Do not list Debtor 1 and Debtor 2.			ependent		Debtor 1 or Debto	tor 2		age	_ <u>live with</u> ☐ No	you?
	D = == 4 = 4 = 4 = = 4					child			12	- ☑ No	3
	Do not state the d names.	tate the dependents				child			10	□ No - ☑ Yes	S
						child			8	— □ No - ☑ Yes	5
										□ No - □ Yes	3
										□ No	
3.	Do your expense expenses of peopyourself and you	ple other than	☑ No ☐ Yes	S						− ∏ Yes	5
P	Part 2: Estima	ate Your Ong	going Mont	hly Expen	ses						
to ı	• .	of a date after	the bankrupto	•	-	are using this form a a supplemental Sche			•		
	lude expenses paid th assistance and l		-		-	u know the value of cial Form 106I.)			Your expens	ses	
4.	The rental or hon Include first mortg							4	4	\$	690.00
	If not included in	line 4:									
	4a. Real estate to	axes						4	4a		
	4b. Property, hor	meowner's, or re	nter's insuranc	е				4	4b		
	4c. Home mainte	enance, repair, a	nd upkeep exp	enses				4	4c		
	4d. Homeowner's	s association or	condominium (dues				4	4d		

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Debtor 1 Crystal L. Hogan Case number (if known)
First Name Middle Name Last Name

		Your exper	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$250.00
	6b. Water, sewer, garbage collection	6b.	
	6c. Telephone, cell phone, Internet, satellite, and	6c	\$200.00
	cable services 6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies		\$400.00
8.	Childcare and children's education costs	8.	\$30.00
9.	Clothing, laundry, and dry cleaning	9.	\$90.00
10.	Personal care products and services	10.	\$20.00
11.	Medical and dental expenses	11.	\$30.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$20.00
14.	Charitable contributions and religious donations	14.	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	\$350.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c.	
	20d. Maintenance, repair, and upkeep expenses	20d.	
	20e. Homeowner's association or condominium dues	20e	

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Deb	tor 1	Crystal	L.	Hogan	Case number (if know	n)
		First Name	Middle Name		<u> </u>	,
21.	Othe	er. Specify:			21.	+
22.	Calc	culate your me	onthly expenses.			
	22a.	Add lines 4	through 21.		22a.	\$2,280.00
	22b.	Copy line 22	2 (monthly expenses for	or Debtor 2), if any, from Official Form 10	6J-2. 22b.	
	22c.	Add line 22a	a and 22b. The result	s your monthly expenses.	22c.	\$2,280.00
23.	Calc	culate your me	onthly net income.			
	23a.	Copy line 12	2 (your combined mont	hly income) from Schedule I.	23a.	\$2,352.54
	23b.	Copy your n	nonthly expenses from	line 22c above.	23b.	\$2,280.00
	23c.		ur monthly expenses fr s your monthly net inco	om your monthly income. me.	23c.	\$72.54
24.	Do y	ou expect an	increase or decrease	e in your expenses within the year afte	r you file this form?	
				ing for your car loan within the year or do e of a modification to the terms of your m	, , ,	
	$\overline{\checkmark}$	No				
		Yes. Explain None.	here:			

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Fill in this infe	ormation to i	dentify your case	:		
Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOI	<u>s</u>	
Case number (if known)					Check if this i amended filin

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$1,645.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$1,645.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$7,300.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$30,636.00
	Your total liabilities	\$37,936.00
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,352.54
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,280.00

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Debto	or 1	Crystal First Name	L. Middle Name	Hogan Last Name	Case number (if known)					
Pa	rt 4:	•			and Statistical Records					
6	. Are you filing for bankruptcy under Chapters 7, 11, or 13?									
	 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes 									
7. \	What kind of debt do you have?									
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.									
	_		t primarily consumer of art with your other sched		ning to report on this part of the form. Chec	k this box and submit				
			F Your Current Monthly ne 11; OR, Form 122B I	1,,,	total current monthly income from 2C-1 Line 14.	\$3,564.06				
9. (Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:									
					Total claim					
ı	From Part 4 on Schedule E/F, copy the following:									
9	9a. Do	omestic support	obligations. (Copy line 6	6a.)		\$0.00				

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

\$14,547.00

\$14,547.00

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		Do	ocument	Page 36	01 54		
Fill in this information to identify your case:							
Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF IL	LINOIS			
Case number (if known)				_		Check if this is an amended filing	
Official Form	106Dec						
Declaration	About an I	ndividual Debt	or's Sched	ules			12/15
If two married peo	pple are filing to	gether, both are equal	ly responsible fo	or supplying c	orrect information	1.	
concealing proper	rty, or obtaining	you file bankruptcy so money or property by to 20 years, or both.	fraud in conne	ction with a ba	ankruptcy case ca	•	
Sig	ın Below						
Did you pay o	or agree to pay	someone who is NOT	an attorney to h	elp you fill out	: bankruptcy forms	s?	
☑ No							
□ Yes Na	ame of person				Attach Bank	kruntcy Petition Preparer	's Notice

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Crystal L. Hogan	X		
Crystal L. Hogan, Debtor 1	Signature of Debtor 2		
Date 09/07/2016 MM / DD / YYYY	Date MM / DD / YYYY		

Declaration, and Signature (Official Form 119).

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Fill in this inf	ormation to iden	tify your case:					
Debtor 1	Crystal	L.	Hogan				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the	: NORTHERN DI	STRICT OF IL	LINOIS			
Case number	apie, court ee.						
(if known)				_		Check if this amended fili	
Official Form	107						
	 of Financial Af	fairs for Indi	viduals Fi	ling for Bankr	uptcy	/	04/16
correct information your name and ca	nd accurate as possi on. If more space is r ise number (if known re Details About	needed, attach a s n). Answer every o	eparate sheet t question.	o this form. On the	top of a		
	current marital statu	is?					
☑ No	. During the last 3 years, have you lived anywhere other than where you live now?						
(Community p	st 8 years, did you everyoperty states and tenderal Wisconsin.)	•					-
✓ No ☐ Yes. Mak	se sure you fill out <i>Sch</i>	nedule H: Your Cod	lebtors (Official I	Form 106H).			
Part 2: Ex	plain the Sources	s of Your Incon	ne				
Fill in the total If you are filing	any income from en amount of income yo g a joint case and you in the details.	u received from all	jobs and all bus	inesses, including pa	rt-time a	activities.	endar years?
<u></u>		Debtor 1			Deb	tor 2	
		Sources o Check all the		Gross income (before deductions and exclusions	Sourc	ees of income all that apply.	Gross income (before deductions and exclusions
From January 1 of the date you filed	f the current year un for bankruptcy:	til ☑ Wages bonuse	s, commissions, es, tips	\$20,000.00		ages, commissions, onuses, tips	
		☐ Operat	ing a business			perating a business	
For the last calend	•	☑ Wages bonuse	s, commissions, es, tips	\$0.00		ages, commissions, onuses, tips	
(January 1 to Dece	YYYY YYYY	☐ Operat	ing a business		□∘	perating a business	
For the calendar y		⊘ Wages bonuse	s, commissions, es, tips	\$25,000.00		ages, commissions, onuses, tips	
(January 1 to Dece	mber 31, <u>2014</u>)		ing a business			perating a business	

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Deb		Crystal	L.	Hogan	Case number (if known)
		First Name	Middle Name	Last Name	
5.	Include i unemplo	ncome reg yment; and bling and	ardless of whether that in	ments; pensions; rental inc	ous calendar years? es of other income are alimony; child support; Social Security; esome; interest; dividends; money collected from lawsuits; royalties; eave income that you received together, list it only once under
	List each	source a	nd the gross income from	each source separately. [Oo not include income that you listed in line 4.
	✓ No ☐ Yes.	Fill in the	details.		
Р	art 3:	List Ce	rtain Payments You	u Made Before You F	iled for Bankruptcy
6.	Are eith	er Debtor	1's or Debtor 2's debts	primarily consumer debts	97
	□ No.			nas primarily consumer do ly for a personal, family, or	ebts. Consumer debts are defined in 11 U.S.C. § 101(8) as household purpose."
		During t	he 90 days before you file	ed for bankruptcy, did you p	pay any creditor a total of \$6,425* or more?
		□ No.	Go to line 7.		
		☐ Yes.	total amount you paid th	at creditor. Do not include	f \$6,425* or more in one or more payments and the payments for domestic support obligations, such as yments to an attorney for this bankruptcy case.
		* Subjec	et to adjustment on 4/01/1	9 and every 3 years after t	hat for cases filed on or after the date of adjustment.
	✓ Yes.	Debtor	1 or Debtor 2 or both ha	ve primarily consumer de	ebts.
		During t	he 90 days before you file	ed for bankruptcy, did you p	pay any creditor a total of \$600 or more?
		✓ No.	Go to line 7.		
		☐ Yes.	creditor. Do not include		f \$600 or more and the total amount you paid that pport obligations, such as child support and alimony. is bankruptcy case.
7.	Insiders corporati agent, in	include yo ions of whi cluding on	ur relatives; any general ch you are an officer, dire	partners; relatives of any g ector, person in control, or o	nent on a debt you owed anyone who was an insider? eneral partners; partnerships of which you are a general partner; owner of 20% or more of their voting securities; and any managing 1 U.S.C. § 101. Include payments for domestic support obligations
	✓ No ☐ Yes.	List all pa	ayments to an insider.		

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Deb	tor 1	Crystal	L.	Hogan	Case numbe	r (if known) _		
		First Name	Middle Name	Last Name				
8.		1 year before yo ted an insider?	u filed for bankrupto	y, did you make any լ	payments or transfer any p	property on a	ecount of a	debt that
	Include	e payments on del	ots guaranteed or cos	gned by an insider.				
	☑ No)						
	_		nts that benefited an in	nsider.				
Pa	art 4:	Identify Leg	gal Actions, Repo	ossessions, and F	oreclosures			
9.	Within	1 year before yo	u filed for bankrupto	v. were you a party in	any lawsuit, court action,	or administ	rative proce	edina?
٠.			•		tions, divorces, collection su		-	-
	modific	cations, and contra	act disputes.					
	□ No)						
	▼ Ye	es. Fill in the detai	ls.					
Cas	e title		Nature of	he case	Court or agency		S	tatus of the case
Kohn Law Firm		Firm Collections		State of WI Circ	cuit Court K	Cenosha	⊘ Pending	
					County Court Name			☐ On appeal
_		400004004			912 56th St			
Cas	e numb	er <u>13SC001981</u>	<u> </u>		Number Street			☐ Concluded
					Kenosha	WI	53140	
					City	State	ZIP Code	
10	Within	1 year before ye	u filod for bankrunta	v was any of your nr	operty repossessed, forec	locod garni	shod attack	and
10.		l, or levied?	a med for bankrupte	y, was any or your pr	operty repossessed, forec	noseu, garrii	sileu, altaci	ieu,
	Check	all that apply and	fill in the details below	v.				
	⋈ No	o. Go to line 11.						
	Ye	es. Fill in the infor	mation below.					
11.			•	tcy, did any creditor, ake a payment becau	including a bank or financise you owed a debt?	ial institution	n, set off an	y
	⋈ No)						
	ب	es. Fill in the detai	ls.					
12.			•	y, was any of your pr todian, or another off	operty in the possession o	of an assigne	e for the be	enefit of
	✓ No							

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Deb	tor 1	Crystal	L.	Hogan	Case number (if ki	nown)	
		First Name	Middle Name	Last Name			
Pa	art 5:	List Certair	n Gifts and Co	ontributions			
13.	Within	2 years before y	ou filed for bank	cruptcy, did you give any gifts	with a total value of more t	han \$600 per perso	on?
	✓ No ☐ Yes	s. Fill in the detai	ils for each gift.				
14.		2 years before y charity?	ou filed for bank	cruptcy, did you give any gifts	or contributions with a tota	al value of more tha	an \$600
	☑ No	s. Fill in the detai	ils for each gift or	contribution.			
Pa	art 6:	List Certain	n Losses				
15.		1 year before yo isaster, or gamb		uptcy or since you filed for ba	nkruptcy, did you lose any	thing because of th	neft, fire,
	✓ No	s. Fill in the detai	ils.				
Pa	art 7:	List Certair	n Payments o	r Transfers			
16.		-		uptcy, did you or anyone else ankruptcy or preparing a bank		or transfer any pro	perty to
	-	•	_	preparers, or credit counseling		ed for your bankrupt	су.
	□ No ☑ Yes	s. Fill in the detai	ils.				
	cket De	bt Counseling Vas Paid		Description and value of ar	ny property transferred	Date payment or transfer was made	Amount of payment
Num	her Str	eet		_		09/02/2016	\$25.00
				_			_
City		Sta	ate ZIP Code	_			
Ema	il or websi	te address		_			
Pers	on Who M	lade the Payment, if	f Not You	_			
	neth S	. Borcia Vas Paid		Description and value of ar —	ny property transferred	Date payment or transfer was made	Amount of payment
Num	ber Str	eet		_		2016	\$35.00
				_			-
City		Sta	ate ZIP Code	_			
Ema	il or websi	te address		_			
Pers	on Who M	lade the Payment, if	f Not You	_			

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Deb	tor 1	Crystal Firet Name	L. Middle Name	Hogan Last Name	Case number (if known)	
17.	anyone	who promised to	iled for bankrupt help you deal wit	cy, did you or anyone el	se acting on your behalf pay or transfer any property to ake payments to your creditors?	
	✓ No ☐ Yes	s. Fill in the details.				
18.				etcy, did you sell, trade, e of your business or fin	or otherwise transfer any property to anyone, other than ancial affairs?	
		•		made as security (such as ve already listed on this s	granting of a security interest or mortgage on your property). tatement.	
	✓ No ☐ Yes	s. Fill in the details.				
19.				iptcy, did you transfer an alled asset-protection dev	ny property to a self-settled trust or similar device of which rices.)	
	✓ No ☐ Yes	s. Fill in the details.				
Pa	art 8:	List Certain F	inancial Acco	unts, Instruments,	Safe Deposit Boxes, and Storage Units	
20.		1 year before you f , closed, sold, mov		•	ecounts or instruments held in your name, or for your	
	ماديمام		money market or	other financial accounts:	certificates of deposit; shares in banks, credit unions, brokerage	
		0. 0.	•	ations, and other financial		
	houses, No	0. 0.	•	·		
21.	houses, No Yes Do you	pension funds, coc.	pperatives, associated	ations, and other financial		
21.	houses, No Yes Do you for sector No	pension funds, coo s. Fill in the details. now have, or did y	pperatives, associated	ations, and other financial	institutions.	
	houses, No Yes Do you for sect No Yes Have you	pension funds, coo s. Fill in the details. now have, or did y urities, cash, or oth s. Fill in the details.	peratives, associated within 1 ner valuables?	ations, and other financial	institutions.	
	houses, No Yes Do you for sect No Yes Have you	pension funds, coo s. Fill in the details. now have, or did y urities, cash, or oth s. Fill in the details.	peratives, associated within 1 ner valuables?	ations, and other financial	r bankruptcy, any safe deposit box or other depository	
22.	houses, No Yes Do you for sect No Yes Have you	pension funds, coo s. Fill in the details. now have, or did y urities, cash, or oth s. Fill in the details. ou stored property s. Fill in the details.	operatives, associated within 1 ner valuables?	ations, and other financial	r bankruptcy, any safe deposit box or other depository r home within 1 year before you filed for bankruptcy?	
22. Pa	houses, No Yes Do you for secution No Yes Have you No Yes Art 9: Do you	s. Fill in the details. now have, or did yurities, cash, or other. s. Fill in the details. bu stored property s. Fill in the details. Identify Property	you have within 1 ner valuables? in a storage unit	year before you filed for or place other than you	r bankruptcy, any safe deposit box or other depository r home within 1 year before you filed for bankruptcy?	

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Deb	otor 1	Crystal	L.	Hogan	Case number (if known)	
		First Name	Middle Name	Last Name		
	art 10:			ronmental Information	on	
or	the purp	ose of Part 10	, the following def	finitions apply:		
ŀ	hazardoι	ıs or toxic sub	stance, wastes, o	r material into the air, lan	egulation concerning pollution, contamination, releases of nd, soil, surface water, groundwater, or other medium, s substances, wastes, or material.	
		-		erty as defined under angle it, including disposal s	ny environmental law, whether you now own, operate, or sites.	
				environmental law define t, contaminant, or similar	es as a hazardous waste, hazardous substance, toxic r item.	
Rep	ort all no	otices, release	s, and proceeding	gs that you know about, r	regardless of when they occurred.	
24.	Has any law?	y governmenta	I unit notified you	ı that you may be liable o	or potentially liable under or in violation of an environmental	
	✓ No ☐ Yes	s. Fill in the det	ails.			
25.	☑ No	ou notified any		it of any release of hazar	rdous material?	
26.	Have you	ou been a part	/ in any judicial or	r administrative proceedi	ling under any environmental law? Include settlements and	
	☑ No □ Yes	s. Fill in the det	ails.			
Pa	art 11:	Give Deta	ils About Your	Business or Connec	ections to Any Business	
27.	Within 4	-	you filed for bank	ruptcy, did you own a bu	usiness or have any of the following connections to any	
		A member of A partner in a An officer, dire	a limited liability co partnership ector, or managing	ed in a trade, profession, or ompany (LLC) or limited lial executive of a corporation or equity securities of	n	
			oove applies. Go to t apply above and t	o Part 12. fill in the details below for o	each business.	
28.		•	you filed for bank ns, creditors, or ot		nancial statement to anyone about your business? Include	
	□ No	: Fill in the det	ails helow			

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Debtor 1	Crystal	L.	Hogan	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12	Sign Belov	v		
that answe property b	ers are true and only fraud in connection	correct. I understand t	hat making a false state	tachments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,
X /s/ Cry	stal L. Hogan		x	tor 2
Crystal	L. Hogan, Debtor	1	Signature of Debt	tor 2
Date _	09/07/2016		Date	
Did you at	tach additional p	ages to Your Statemer	nt of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?
☑ No □ Yes				
Did you pa	ay or agree to pay	someone who is not	an attorney to help you	fill out bankruptcy forms?
√ No				
	lame of person _			Attach the Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).

Cas	se 16-28627	Doc 1	Filed 09/07/16 Document	Entered Page 44	09/07/16 1 of 54	.3:11:01	Desc Main
Fill in this in	nformation to id	entify your	case:				
Debtor 1	Crystal First Name	L. Middle Nam	Hogan le Last Name				
Debtor 2		Middle Nam					
(Spouse, if filing			ERN DISTRICT OF ILL	INOIS			
Case number (if known)		me. NONTIL	IN DISTRICT OF ILL			С	Check if this is an amended filing
Official Form	-						
Statement	of Intention f	or individ	luals Filing Und	er Chapte	r /		12/15
If you are an ind	ividual filing under	chapter 7, yo	u must fill out this form	if:			
■ creditors hav	e claims secured b	y your proper	ty, or				
■ you have leas	sed personal prope	erty and the lea	ase has not expired.				
	chever is earlier, u		ays after you file your but a stends the time for c		-		-
	eople are filing togoust st sign and date th		case, both are equally	responsible fo	r supplying corr	ect information	n.
	and accurate as po s, write your name		e space is needed, atta ber (if known).	ch a separate s	sheet to this forn	n. On the top o	of any
Part 1: Li	st Your Credito	rs Who Hol	d Secured Claims				

	art II. List	Tour Orcanors Who Hola Occurca	Olallii	3			
1.	For any credite	ors that you listed in Part 1 of <i>Schedule D:</i> mation below.	Credito	rs Who Hold Claims Secured by Prop	erty (Official Form 106D),	
	Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?			Did you claim the property as exempt on Schedule C?	
	Creditor's name:	Auto Warehouse	☑	Surrender the property. Retain the property and redeem it.		No Yes	
	Description of property securing debt:	1999 Honda Pilot		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			

Part 2: **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

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Debtor 1	Crystal First Name	L. Middle Name	Hogan Last Name	Case number (if known)
Part 3:	Sign Below			
			•	bout any property of my estate that secures a debt and
person	al property that is s	ubject to an unexpir	red lease.	
X /s/ Cry	stal L. Hogan		Χ	
Crystal	L. Hogan, Debtor 1	_	Signature of Deb	tor 2
Date 0	9/07/2016		Date	
N	MM / DD / YYYY		MM / DD /	YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

 $\frac{\text{http://www.uscourts.gov/bkforms/bankruptcy_forms}}{\text{.html\#procedure.}}$

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case togethercalled a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS CHICAGO DIVISION (EASTERN)

In re	e Crystal L. Hogan	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTORN	NEY FOR	DEBTOR
t	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the a that compensation paid to me within one year before the filing of the petition in ban services rendered or to be rendered on behalf of the debtor(s) in contemplation of is as follows:	kruptcy, or a	agreed to be paid to me, for
F	For legal services, I have agreed to accept	\$1,785.00	
F	Prior to the filing of this statement I have received		\$35.00
E	Balance Due	\$^	1,750.00
2	The source of the compensation paid to me was: ☑ Debtor ☐ Other (specify)		
3	The source of compensation to be paid to me is:		
	☑ Debtor ☐ Other (specify)		
4. [I have not agreed to share the above-disclosed compensation with any other passociates of my law firm.	person unle	ss they are members and
ĺ	I have agreed to share the above-disclosed compensation with another perso associates of my law firm. A copy of the agreement, together with a list of the compensation, is attached.		
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all a	spects of th	e bankruptcy case, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in bankruptcy; 	determining	g whether to file a petition in
k	b. Preparation and filing of any petition, schedules, statements of affairs and plan	which may b	pe required;
(c. Representation of the debtor at the meeting of creditors and confirmation hearing	ng, and any	adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

POST PETITION AMENDMENTS RESCHEDULING OF THE 341 MEETING SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL REPRESENTATION OF THE DEBTOR IN ADVERSARY PROCEEDINGS

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

> 09/07/2016 /s/ Kenneth S. Borcia

Date Kenneth S. Borcia Kenneth S. Borcia & Associates 1117 S. Milwaukee., Suite A-3

> P.O. Box 447 Libertyville, IL 60048

Bar No. 3125988

Phone: (847) 634-8800 / Fax: (847) 634-8932

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Ŀ	ill in	this in	formation to id	entify your case	: :		e box only as dire		
D	ebtor	1	Crystal	L.	Hogan	form and	in Form 122A-1Su	pp:	
			First Name	Middle Name	Last Name	1.There is	no presumption of abu	se.	
	ebtor : Spouse		First Name	Middle Name	Last Name	of abuse	ulation to determine if a applies will be made u	nder Chapter 7	
U	nited \$	States Ba	ankruptcy Court for	the: NORTHERN I	DISTRICT OF ILLINOIS	11	est Calculation (Officia	•	
	Case number (if known)					3. The Means Test does not apply now because of qualified military service but it could apply later.			
						Check if t	this is an amended filing	9	
Of	fficia	l Form	n 122A-1						
				Your Current	t Monthly Income			12/15	
acci info are mil 122	curate ormati exem itary s	. If more on appli apted fro service, ou upp) with	e space is needed, es. On the top of m a presumption of complete and file so this form.	, attach a separate s any additional page of abuse because y	ied people are filing togethe sheet to this form. Include t es, write your name and cas ou do not have primarily co otion from Presumption of A	the line number to se number (if know nsumer debts or b	which the additional n). If you believe that ecause of qualifying		
1.	Wha	it is your	marital and filing	status? Check one	only.				
	M	Not mar	ried. Fill out Colur	nn A, lines 2-11.					
		Married	and your spouse	is filing with you. F	Fill out both Columns A and B	s, lines 2-11.			
☐ Married and your spouse is NOT filing with you. You and your spouse are:									
Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.									
		☐ Liv	ing separately or clare under penalty	are legally separate of perjury that you a	d. Fill out Column A, lines 2- nd your spouse are legally se as that do not include evading	11; do not fill out Co parated under nonb	olumn B. By checking the ankruptcy law that apple	ies or that you	
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.						ch 1 through total by 6. Fill		
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
2.		-	wages, salary, tips yroll deductions).	s, bonuses, overtime	e, and commissions	\$3,564.06			
3.		-	I maintenance pay s filled in.	rments. Do not inclu	ide payments from a spouse	\$0.00			
4.	regu your a sp	enses of lar contri depende	you or your dependents, parents, and r	ndents, including cl married partner, men oommates. Include	paid for household hild support. Include nbers of your household, regular contributions from lude payments you listed	\$0.00			

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Deb	tor 1	Crystal	L.	Hog		c	ase number (if k	nown)	
		First Name	Middle N	ame Last	Name		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
5.	Net in	come from operat	ting a busine	ess, profession, o	r farm				
				Debtor 1	Debtor 2				
	Gross deduc	receipts (before al tions)	I	\$0.00		_			
	Ordina expen	ary and necessary o	operating -	\$0.00		— Copy			
		onthly income from	a business,	\$0.00		here	\$0.00		
6.	Net in	come from rental	and other re	al property					
				Debtor 1	Debtor 2				
	Gross deduc	receipts (before al	I	\$0.00		_			
	Ordina expen	ary and necessary o	operating -	\$0.00		— Сору			
		onthly income from real property	rental or	\$0.00		here	\$0.00		
7.	Intere	st, dividends, and	royalties				\$0.00		
8.	Unem	ployment comper	nsation				\$0.00		
		t enter the amount t under the Social S	•						
	Fo	r you			\$0	0.00			
	Fo	r your spouse							
9.		on or retirement in benefit under the S		•	ount received th	at	\$0.00		
10.	amount or pay or inte	ne from all other sont. Do not include a ments received as transitional or domes at e page and put the	any benefits in a victim of a stic terrorism.	received under the war crime, a crime If necessary, list of	Social Security against human	Act ity,			
	Total	amounts from sepa	ırate pages, il	any.		+		+	
11.	Add li	late your total cur nes 2 through 10 fo add the total for Co	or each colum	ın.	3.		\$3,564.06	+	\$3,564.06 Total current monthly income

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Debtor 1			rystal rst Name	L. Middle Name	Hogan Last Name	Case number (if known)	
P	art 2:		Determine W	hether the Mean	s Test Applies to Yo	u	
12.	Calcu	ılate	your current m	onthly income for th	e year. Follow these steps	:	
	12a.	Сор	by your total curr	ent monthly income fr	rom line 11	Copy line 11 here > 12a	\$3,564.06
		Mul	tiply by 12 (the r	number of months in a	a year).		X 12
	12b.	The	result is your a	nnual income for this	part of the form.	12b	\$42,768.72
13.	Calcu	ılate	the median fan	nily income that app	lies to you. Follow these s	teps:	
	Fill in	the s	state in which yo	ou live.	Illinois		
	Fill in	the r	number of peopl	e in your household.	4		
	Fill in	the n	median family in	come for your state a	nd size of household		\$86,921.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.							
14.	How	do th	ne lines compar	re?			
	14a.	$\overline{\mathbf{A}}$	Line 12b is les Go to Part 3.	s than or equal to line	13. On the top of page 1,	check box 1, There is no presumption of abuse.	
	14b.			ore than line 13. On the		2, The presumption of abuse is determined by I	Form 122A-2.
Đ	art 3:		Sign Below				
	ui (0.		oigii Boloii				
	Bys	signin	ng here, I declare	e under penalty of per	jury that the information on	this statement and in any attachments is true at	nd correct.
	<i>,</i> ,		rystal L. Hoga			(
	(Crysta	al L. Hogan, Del	btor 1		Signature of Debtor 2	
	[Date_	9/7/2016			Date	
			MM / DD / YYY	Y		MM / DD / YYYY	
	16		م 1 1 ممنا اممیامم	do NOT fill out or file	Farm 100A 0		

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.